

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/728,423
Filing Date	December 1, 2000
First Named Inventor	HOUGHTON et al.
Art Unit	1648
Examiner Name	M. Hill
Total Number of Pages in This Submission	18
Attorney Docket Number	PP001618.0003 (2300-1618)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply (15 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a	<input type="checkbox"/> Appeal Communication to TC
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Request Continued Examination (1 page)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Landscape Table on CD	
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robins & Pasternak LLP		
Signature			
Printed name	Roberta L. Robins		
Date	4/2/07	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING

FILED VIA EFS

Signature			
Typed or printed name	Denise M. Vaillancourt		Date 4/2/07